APPLICATION FOR NURSERY DEALER'S LICENSE

State Form 42898 (R10/10-03) Form Approved by State Board of Accounts, 2003

Indiana Department of Natural Resources Division of Entomology & Plant Pathology (317) 232-4120

STATE	OFFICE	USE ONLY
JIAIL		OOE ONE!

Date	Amount \$
Check Number	License Number

INSTRUCTIONS:

- 1. PLEASE READ AND COMPLETE BOTH SIDES OF THIS APPLICATION
- 2. Fee is \$50.00 per business location for each license.
- 3. See Reverse for Payment Options & Address.
- 4. If your check is returned to us for insufficient funds, your license could be DENIED.

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In compliance with the definition of the term "dealer" given in IC 14-8-2-65(3) and IC 14-24-7 my business as a dealer of nursery stock makes it necessary that I obtain a Nursery Dealer's License. I am making application for such license and will deal only in nursery stock certified as being free from injurious and destructive pests and diseases. The Nursery Dealer's License expires December 31 of each year, and must be renewed annually.PLEASE PRINT OR TYPE						
Naı	ne of Firm		Name of Contact Person			
Add	dress (number and stre	et or R. R.)	Telephone Number			
City	1	County	State	ZIP code		
Ma	ling address (if different	from above location) (number and street or	R. R.)			
Cit	1	County	State	ZIP code		
2	My business addre	ess, name &/or phone number has changed	in the past year. Report any changes in the spa	ace provided below.		
Former Name of Firm			Former Telephone Number			
For	mer Address (number a	nd street or R. R.)				
Cit	1	County	State	ZIP code		
I grew nursery stock that was Inspected and Certified during the <u>previous growing</u> season (IC 14-24-5). My " <u>Certificate of Nursery Inspection</u> " number is: (This number will provide verification that you are eligible for the \$20.00 Nursery Dealer's License. This is NOT your prior year's Nursery Dealer's License number). I plan to grow stock in the future.						
4	Nature of business Contractor	Landscaper Garden Ce	nter Department Store Othe	er (specify)		
PLEASE LIST NAMES AND <u>COMPLETE</u> ADDRESSES OF PERSONS OR FIRMS FROM WHOM YOU PURCHASE INSPECTED AND CERTIFIED STOCK. (must be completed per IC 14-24-7-2)						
5	Additional sources may be listed on the back of this form or on an attached copy. Please include the complete business name and address of sources. You must list all persons and firms (currently known or anticipating) from whom you purchase stock.					
	 					

	AFFIRMATION OF BUSINESS PURPOSE IN OBTAINING A NURSERY DEALER'S LICENSE						
6A	Any intentional false statement on this app	plication is a violation	of law, punishable under	the penalty of perjury.			
	- I, the undersigned, do affirm that I am eithe	er:					
	 A. "nurseryman" means a person who owns, leases, manages or controls a nursery; or B. A "dealer" who grows, handles or buys nursery stock for the purpose of reselling or reshipping that stock in Indiana. 						
	- I affirm that I am properly qualified to b	e licensed under India	na law as one who is sellin	g or distributing stock pursuant to			
	 IC 14-24. I affirm that this license will not be used landscaping around my place of business. 		plants for my personal use	or use by family members & for			
	- I consent to having my Name and Busine		ned as part of an electronic	directory of Licensed Dealer's.			
	SERY STOCK means botanically classified hardle of propagation. The term does not include co						
Deale	The purpose of the Nursery Dealer License is to insure that only inspected and certified nursery stock is sold in Indiana. The Nursery Dealer License application requires a list of sources where nursery stock is purchased. The record of sources is compared with nursery inspection records to ensure that certified stock is sold in Indiana.						
Both State and Federal law are requiring the disclosure of Social Security Numbers. The purpose of the disclosure is to aid in the collection of delinquent child support. The information will not be accessible by the public. The gathering of this information is mandated under Indiana Code IC 12-17-2-34(a)(5)(G)(vi) for purposes of the Title IV-D program.							
<u>Sig</u>	nature of Applicant (Must be manually signed)*	Social Security Nur	nber/ Federal ID Number	Date Signed (Month, Day, Year)			
	* Signature attests to both 6A & 6B						
	Select Payment Method:						
Chec	k: <i>No</i> .		Make Payr	nents to: "DNR"			
	ey Order: - No						
Cash			Please Rem	nit all Payments to:			
Circle One: Exp. Date:		INDIANA DEPARTMENT OF NATURAL RESOURCES DNR SALES UNIT 402 WEST WASHINGTON STREET, ROOM W-160 INDIANAPOLIS, IN. 46204-2742					
PRINT	name as it appears on Credit Card						
Card No.							
Signa	nture						
Do you have a computer with Internet access? If so please provide your email address for exotic pest & regulatory information updates. Email address:							
ADDITIONAL SOURCES (continued)							
ATTACH A SEPARATE SHEET IF NECESSARY							